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Bib Data Sheet

CONFIRMATION NO. 3771

| SERIAL NUMBER | FILING OR 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/735,526    | 12/11/2003               | 424   | 1655           | 062114-0077            |
| RULE          |                          |       |                |                        |

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## \* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/352,388 01/27/2003 which is a CIP of 10/056,858 01/23/2002 ABN  
which claims benefit of 60/265,908 02/02/2001  
and said 10/352,388 01/27/2003  
claims benefit of 60/352,016 01/25/2002 ✓  
and claims benefit of 60/432,689 12/11/2002 ✓

## \* FOREIGN APPLICATIONS \*\*\*\*\*

NON F

F REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
03/24/2004

\*\* SMALL ENTITY \*\*

|                                 |  |                     |                   |                 |                       |
|---------------------------------|--|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY | SHEETS<br>DRAWING | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | WA                  | 13                | 35              | 3                     |
| Verified and Acknowledged       | Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>   |                     |                   |                 |                       |

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## TITLE

Medical composition for balancing bodily processes

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>585 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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